School of Community Health Order form

Name: ______________________________________
Email: __________________________
Mobile: ______________________________________
Address: ______________________________________

Discipline: Please circle one:

- Health and rehabilitation Science
- Occupational Therapy
- Physiotherapy
- Podiatry
- Speech Pathology

Free Delivery is available to the following campus outlets (please circle one):

- Mini Mart Wagga – Mini Mart Bathurst – Gums Cafe Albury - Banjo’s Cafe Orange

<table>
<thead>
<tr>
<th>Item</th>
<th>Discipline</th>
<th>Size</th>
<th>Qty</th>
<th>Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Polo</td>
<td></td>
<td></td>
<td></td>
<td>$37.00</td>
</tr>
<tr>
<td>Community Health Shirt</td>
<td></td>
<td></td>
<td></td>
<td>$55.00</td>
</tr>
<tr>
<td>Podiatry Shirt</td>
<td></td>
<td></td>
<td></td>
<td>$55.00</td>
</tr>
</tbody>
</table>

Sub Total

Delivery to Campus Outlet (options above) Free

Postage and handling for under 5 items $10.00

For orders over 5 items, and for International Postage, a quote will be provided. TBC

Total

Office Use Only

Date Order Received ___________________ Received By Staff Member ___________________
Date Customer Quoted ___________________ Date Staff Ordered ___________________
Order Number __________________________ Customer Delivery Date ___________________
Confirmation email _____________________ Delivery Email _____________________
                                  Tracking Number ___________________
CREDIT CARD PAYMENT AUTHORITY

To: CSU Online Shop
   Building 460
   Valder Way
   Charles Sturt University
   Wagga Wagga NSW 2678

Name: ______________________________________________________________________

Address: ______________________________________________________________________

____________________________________________________________________________

Mobile No/Email: ______________________________________________________________________

☐ Mastercard ☐ Visacard

Amount $_________  Expiry date ☐ ☐ / ☐ ☐

Card Number (all boxes must be completed)

□□□□ □□□□ □□□□ □□□□

Card Check Value (3 digits on back of card) ☐☐☐

Card Holders Printed Name: ________________________________

Card Holders Signature: ________________________________